

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2194AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2009
NAME OF PROVIDER OR SUPPLIER SUMMERDALE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1868 RIBEIRO CR RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 25375 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/23/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. The facility received a grade of B.</p> <p>Please retain a copy of this report for your records.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=E	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 Based on record review on 9/23/09, the facility failed to ensure 2 of 4 caregivers met background check requirements (Employee #2 and #3). Severity: 2 Scope: 2	Y 105			
Y 179 SS=E	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 9/23/09, the facility failed to provide screens that fit tightly against windows in bedrooms #1 and #3 to prevent the entry of insects. Severity: 2 Scope: 2	Y 179			
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Surveyor: 28384	Y 435			

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Y 435	Continued From page 2 Based on observation on 9/23/09, the facility failed to ensure that 2 of 2 facility fire extinguishers were inspected annually. Severity: 1 Scope: 3	Y 435			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 9/23/09, the facility failed to ensure that 2 of 5 residents received medications as prescribed (Resident #2 and #5). Severity: 2 Scope: 2	Y 878			
Y 922 SS=D	449.2748(3)(a) Medication Labeling NAC 449.2748	Y 922			

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Y 922	<p>Continued From page 3</p> <p>3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:</p> <p>(a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 9/23/09, the facility failed to ensure medications were plainly labeled for 2 of 5 residents (Resident #1 and #5).</p> <p>Severity: 2 Scope: 1</p>	Y 922			

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